



06-04-07

IFW 2143\$

EXPRESS MAIL NO. EV889153205US

**TRANSMITTAL  
FORM***(To be used for all correspondence  
after initial filing)*

Application Number	09/872,329
Filing Date	June 1, 2001
First Named Inventor	Mitchell T. Berg
Art Unit	2143
Examiner Name	Joseph E. Avellino
Attorney Docket No.	700135.429

**ENCLOSURES (check all that apply)**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement and Transmittal<br><input checked="" type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):<br><u>Applicant Initiated Interview Request Form</u><br>_____<br>_____<br>_____ |
|---|---|--|

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	Timothy L. Boller		
Date	May 30, 2007	Reg. No.	47,435

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name		Date:

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
965099\_1.DOC

Filed pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2007

### Complete if Known

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Filing Date	June 1, 2001
First Named Inventor	Mitchell T. Berg
Examiner Name	Joseph E. Avellino
Art Unit	2143
Attorney Docket No.	700135.429

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **300**

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Fee (\$)	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
		Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Provisional	200	100	0	0	0	0	_____	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
<u>67</u>	-20 or HP = <u>0</u>	X	_____	_____	_____	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>9</u>	-3 or HP = <u>0</u>	X	_____

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

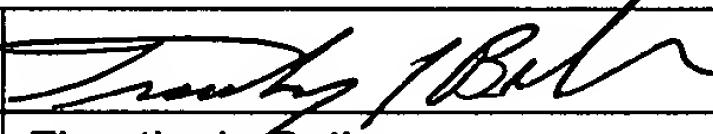
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	-100 = _____	/50 = _____ (round up to a whole number)	x _____	_____

#### 4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Petition for Extension of Time (1 month)</u>	<u>120</u>
<u>Information Disclosure Statement Fee</u>	<u>180</u>

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	47,435	Telephone	206-622-4900
Name (Print/Type)	Timothy L. Boller	Date	May 30, 2007		



**Applicant Initiated Interview Request Form**

Application No.: 09/872,329 First Named Applicant: Mitchell T. Berg  
Examiner: Joseph E. Avellino Art Unit: 2143 Status of Application: Pending

**Tentative Participants:**

- (1) Timothy L. Boller (2) SPE  
(3) Examiner Joseph E. Avellino (4) Ellen M. Bierman

Proposed Date of Interview: To be determined Proposed Time: a.m. applicant's time (AM/PM)

**Type of Interview Requested:**

- (1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

**Issues To Be Discussed**

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rejection</u>	<u>1-67</u>	<u>Aversa et al.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

**Brief Description of Arguments to be Presented:**

Rejection of claims 1-67; Applicant's arguments for allowance over Aversa et al.

An interview was conducted on the above-identified application on \_\_\_\_\_.

**NOTE:**

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.33(b)) as soon as possible:

Timothy L. Boller

(Applicant/Applicant's Representative Signature)

Timothy L. Boller

Typed/Printed Name of Applicant or Representative

47,435

Registration Number, if applicable

(Examiner/SPE Signature)